Emergency Contraception: Knowledge and Practices of Military Health Care Providers

By:

Captain Beth M. Baykan, RNC, MSN

Women's Health Nurse Practitioner

United States Air Force

Introduction

- Purpose
- Research Questions:

1. “What are the knowledge and practices of military health care providers regarding emergency contraception?”
2. “Is there a relationship between knowledge and practices of military health care providers regarding emergency contraception?”

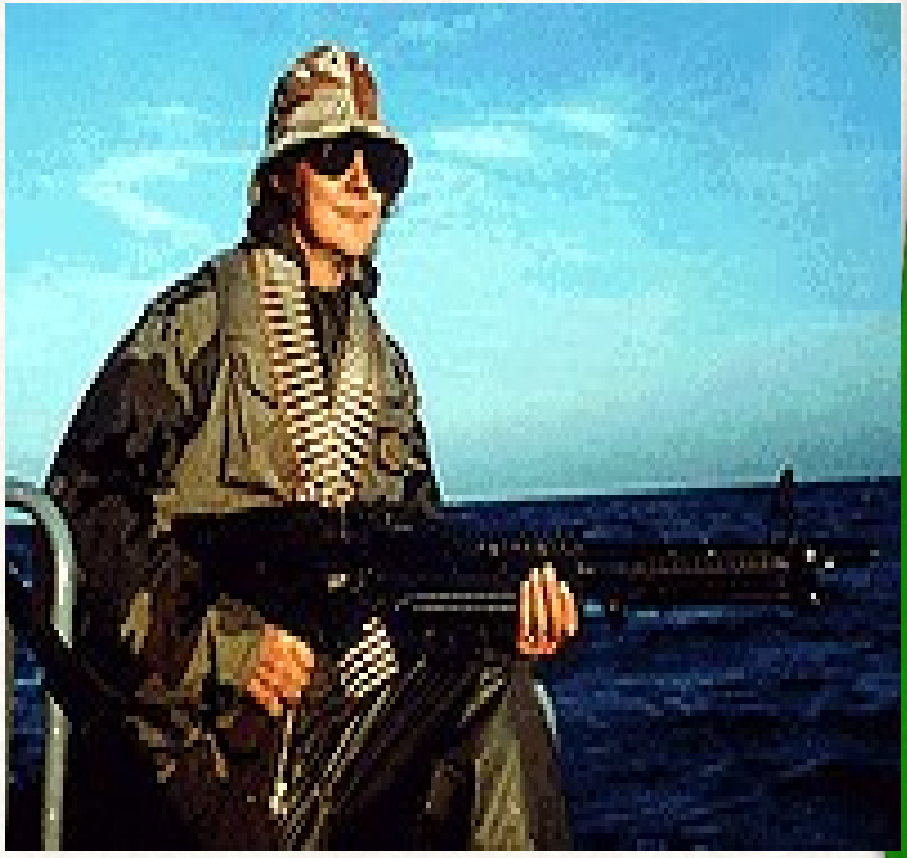
Review of Literature

- Unintended pregnancy
- History of emergency contraception (EC)
- Mechanism of Action
- Teratogenic Effects

Review of Literature (continued)

Knowledge and Practices:

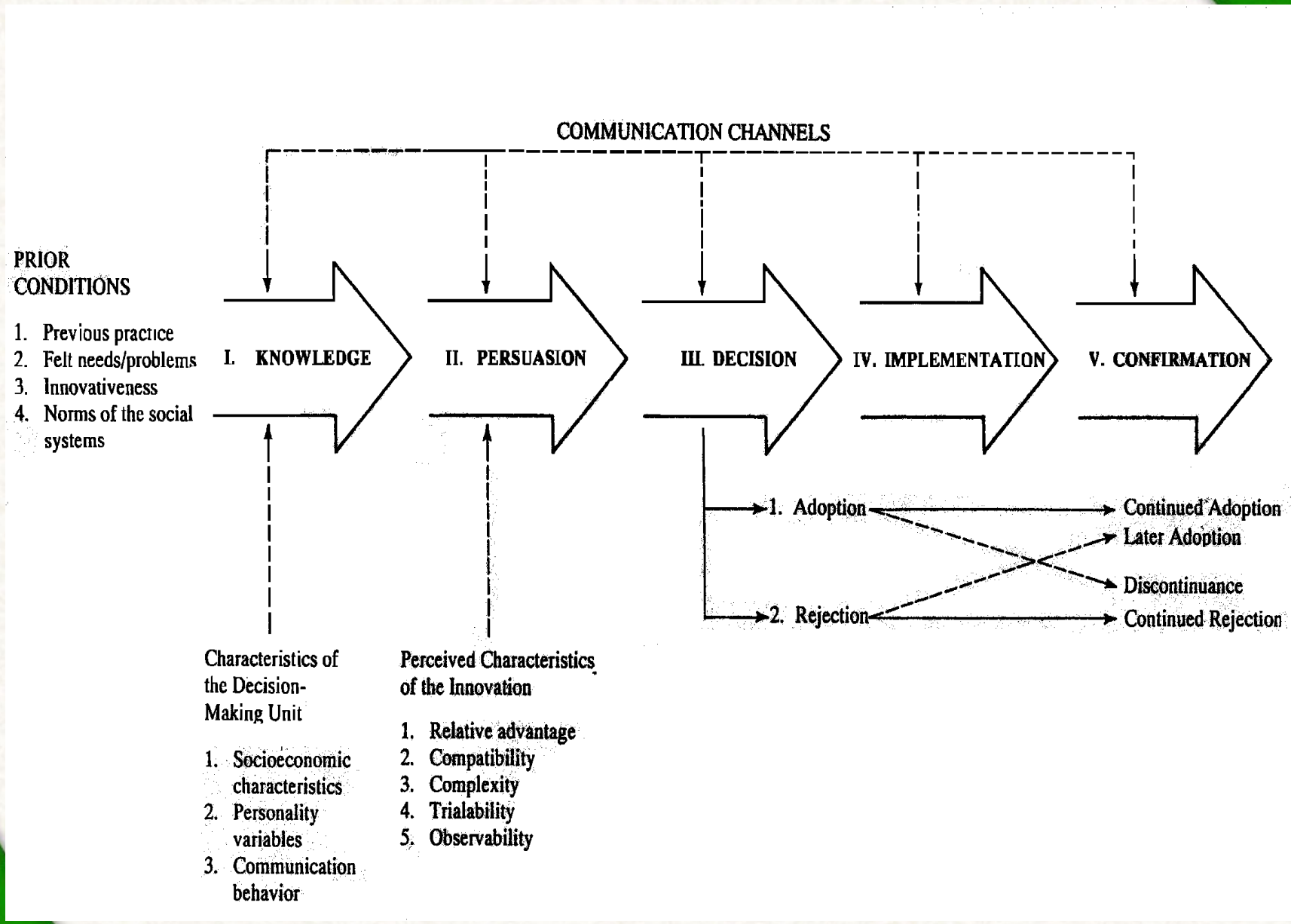
- Civilian
- Military Women
- Military Studies



Theoretical Framework: Diffusion of Innovations

- Definitions
- Innovation
- Knowledge Stage
  - Awareness-knowled
  - How-to-knowledge
- Implementation Stage

Everett M. Rogers


COMMUNICATION CHANNELS
PRIOR CONDITIONS
1. Previous practice
2. Felt needs/problems
3. Innovativeness
4. Norms of the social systems
I. KNOWLEDGE
II. PERSUASION
III. DECISION
IV. IMPLEMENTATION
V. CONFIRMATION
1. Adoption
2. Rejection
Continued Adoption
Later Adoption
Discontinuance
Continued Rejection
Characteristics of the Decision-Making Unit
1. Socioeconomic characteristics
2. Personality variables
3. Communication behavior
Perceived Characteristics of the Innovation
1. Relative advantage
2. Compatibility
3. Complexity
4. Trialability
5. Observability

Methodology

- Research Design: Descriptive Study
- Sample
- Inclusion/Exclusion Criteria

The Keesler Medical Center is the home of the 81st Medical Group.

Wilford Hall Medical Center,
Lackland Air Force Base, TX

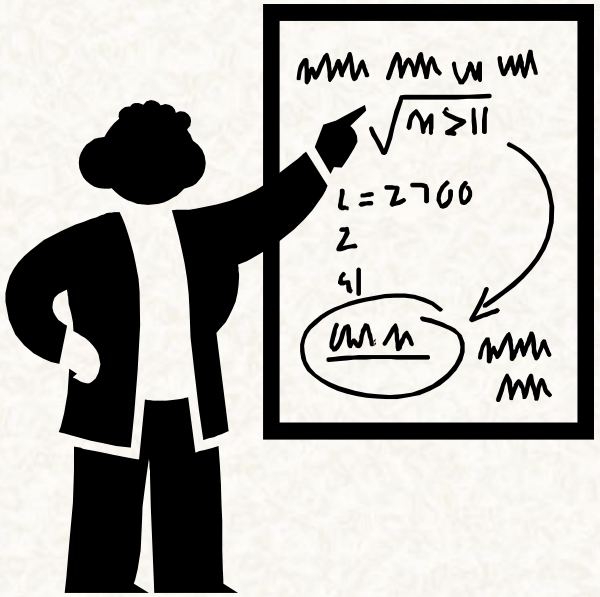
Power

- Sample size determination

  -estimate of proportions

  $$n = \frac{Z^2 \times P \times (1-P)}{D^2}$$

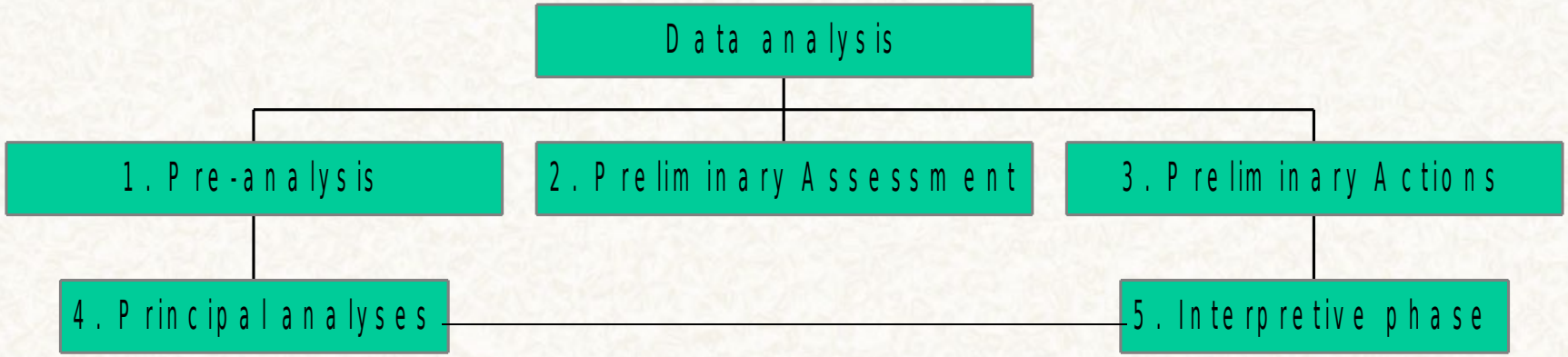
- 96 completed surveys needed
- Power was .80
- A total of 435 surveys distributed



Data Collection Instrument

- 24-item researcher-designed survey
- Face validity
- Content validity
- Internal consistency reliability
- Ethical considerations
  - informed consent
  - IRB approval

Data Analysis



Demographics

- Sample size N = 104
- Demographics:

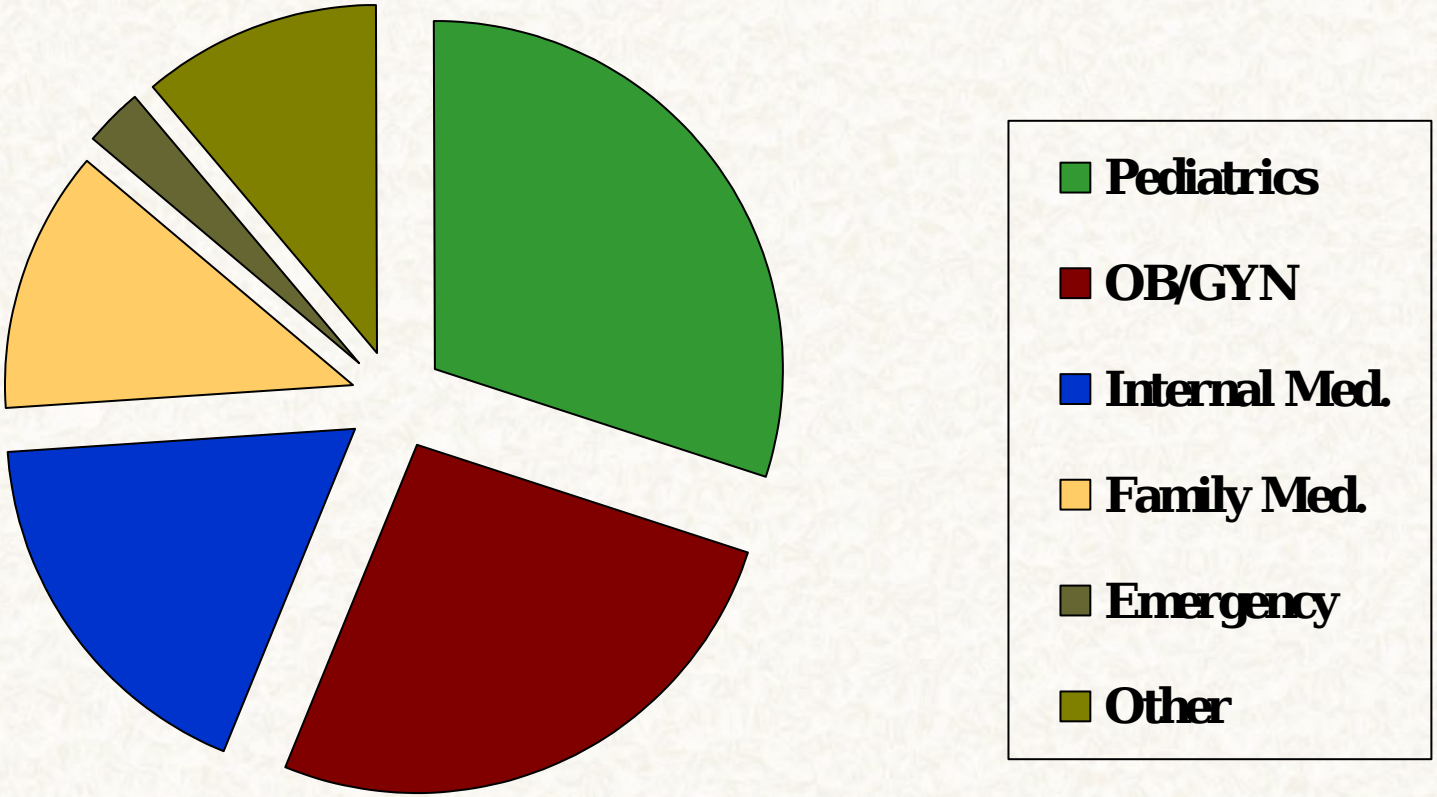
  94% Air Force

  60% Physician

  83% Ages 26-39

  86% Attend religious services

Demographics: Participant Practice Area



N= 104

Study Question #1

“What are the knowledge and practices of military health care providers regarding emergency contraception?”

Knowledge

Awareness knowledge:

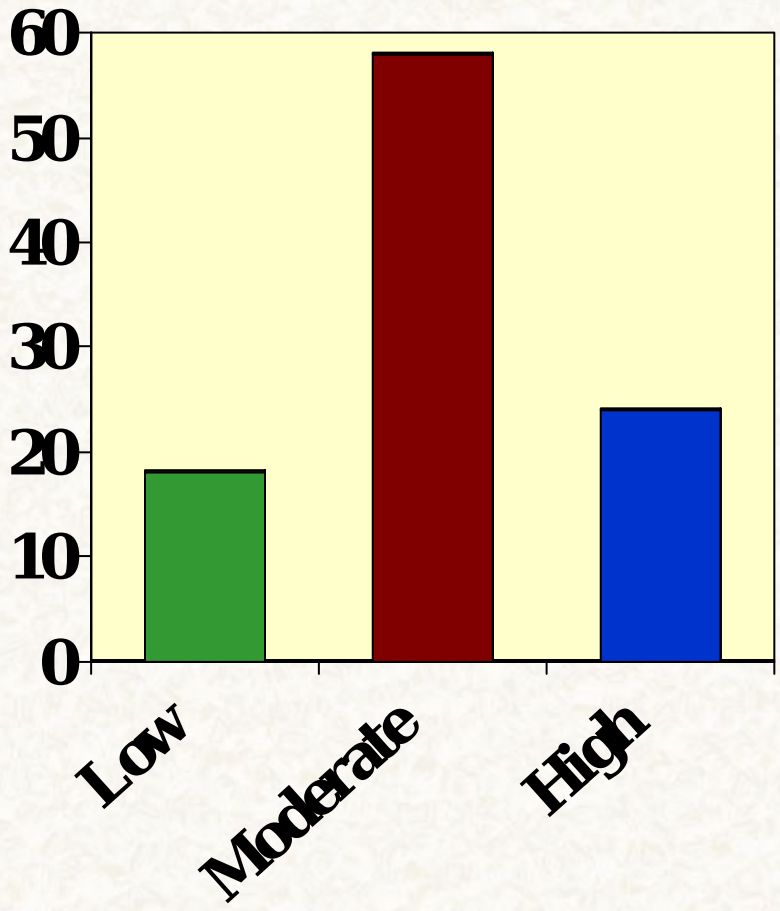
- 100% of providers reported that they had heard of emergency contraception

How-to-knowledge:

- Time frame for administration
- Method of action
- Side effects
- Efficacy
- Contraindications
- Risk of congenital malformations

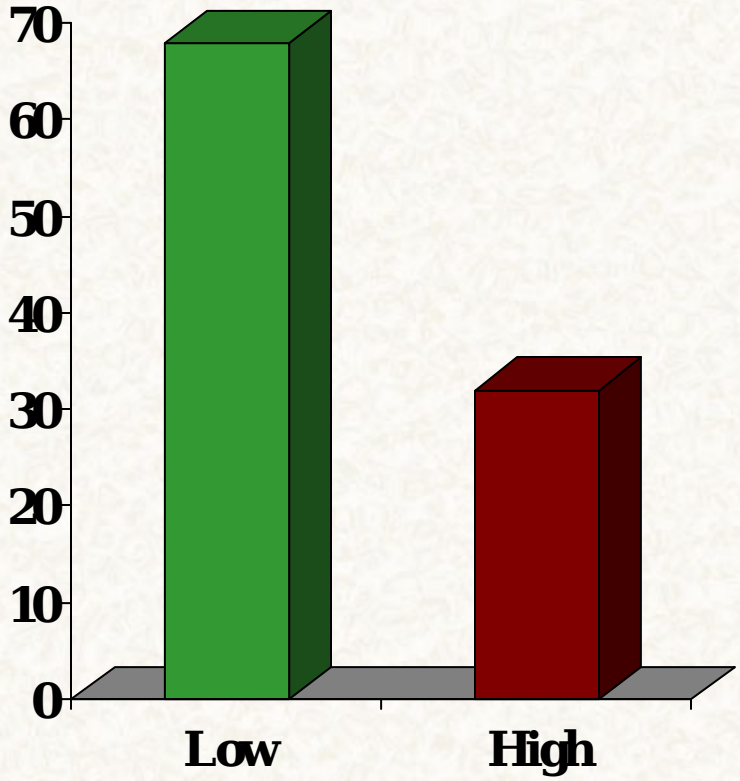
Knowledge Score

- 58% of providers scored moderate on how-to-knowledge items
- Mean score was 3.60 (*SD* = 1.31).



Practice Score

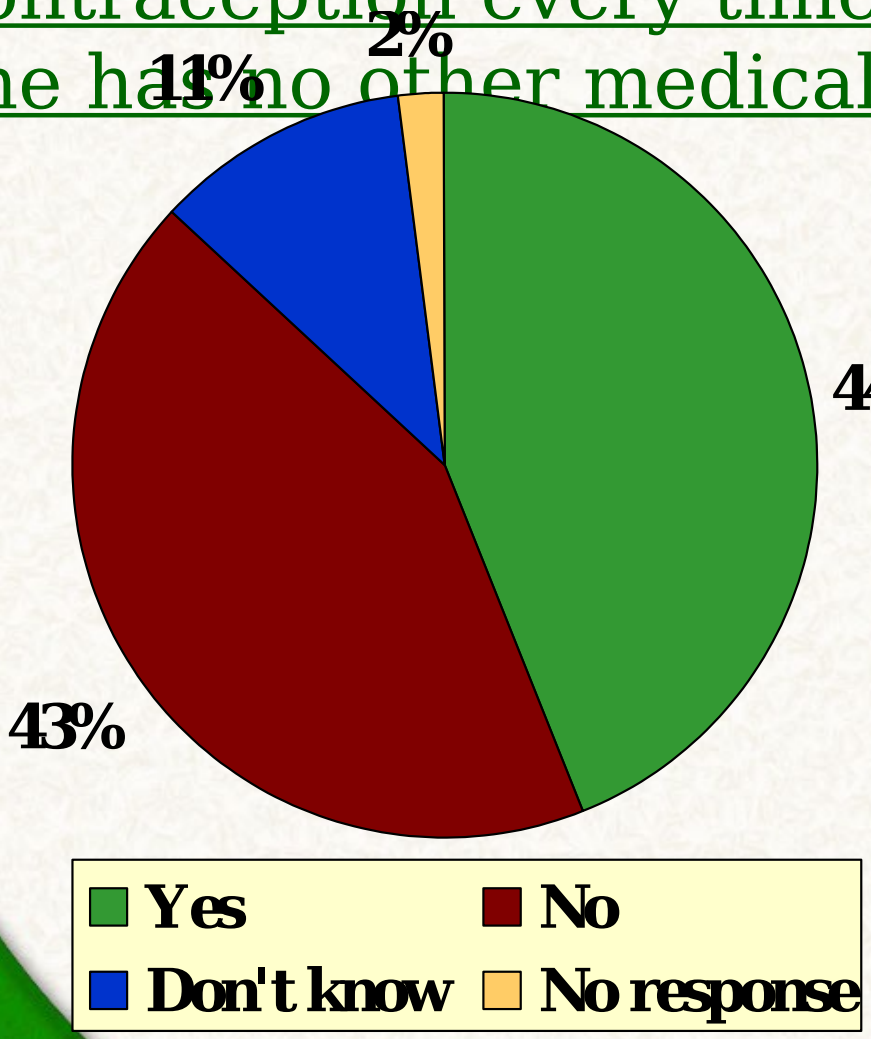
- Most participants scored low on practices (68%)
- Mean practice score was 1.65 (*SD* = 1.72).



Counseling and Prescribing

- 52% reported that they never counsel
- 73% report that they had not prescribed EC in last 12 months
- 64% had never prescribed EC in their entire military career
- 88% responded they had never prescribed EC preventatively

Response to question, “Do you feel that a patient should be prescribed emergency contraception every time it is requested if she has no other medical problems?”



- Responses were almost equally divided

Study Question #2

"Is there a relationship between knowledge and practices of military health care providers regarding emergency contraception?"

Relationship between awareness-knowledge and how-to-knowledge

- Relationship was unique.
- Although 100% of respondents reported awareness knowledge, not everyone knew how emergency contraception works.

Relationship between knowledge and practice

- Chi-square of knowledge scores and practice scores:

  X^2 (2, N = 104) = 28.80, p < .001

- Pearson's *r*

  r = .57 (p < .01)

Conclusions/ Discussion

- Military health care providers had more knowledge than practices.
- Awareness knowledge was unique from how-to-knowledge.
- Knowledge and practices were related.
- Knowledge and practices had a moderate positive relationship.

- Limitations
  - time for data collection
  - number of eligible participants
  - deployments
  - Low survey return rate (27%)
- Participant comments

Recommendations

- Educational program for military providers and beneficiaries
- Future research

Questions